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CONFIRMATION NO. 6666

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
09/436,455	11/08/1999	607	3735	ASTXNA00300		
RULE						
APPLICANTS CHRISTOPHER JAMES DANEK, SANTA CLARA, CA; BRYAN LOOMAS, SARATOGA, CA; MICHAEL BIGGS, SAN FRANCISCO, CA; KEITH M. BURGER, SAN FRANCISCO, CA; DAVE HAUGAARD, SAN JOSE, CA; THOMAS KEAST, MOUNTAIN VIEW, CA; JOHN ARTHUR ROSS, TRACY, CA; MICHAEL D. LAUFER, MENLO PARK, CA;						
** CONTINUING DATA ***** This application is a CIP of 09/296,040 04/21/1999 PAT 6,411,852 and is a CIP of 09/095,323 06/10/1998 and is a CIP of 09/349,715 07/08/1999 PAT 6,488,673 which is a CIP of 09/260,401 03/01/1999 PAT 6,283,988 which is a CIP of 09/003,750 01/07/1998 PAT 5,972,026 which is a CIP of 08/833,550 04/07/1997 PAT 6,273,907 and said 09/349,715 07/08/1999 is a CIP of 08/994,064 12/19/1997 PAT 6,083,255 which is a CIP of 08/833,550 04/07/1997 PAT 6,273,907 and said 09/349,715 07/08/1999 is a CIP of 09/224,937 12/31/1998 PAT 6,200,333 which is a CIP of 08/833,550 04/07/1997 PAT 6,273,907						
** FOREIGN APPLICATIONS *****						
** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY ** 12/13/1999						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>Examiner's Signature</u>		<input type="checkbox"/> Met after Allowance <u>Initials</u>	STATE OR COUNTRY CA	SHEETS DRAWINGS 16	TOTAL CLAIMS 78	INDEPENDENT CLAIMS 4
ADDRESS ASTHMATX, INC. c/o LEVINE BAGADE HAN, LLP 2483 EAST BAYSHORE ROAD SUITE 100 PALO ALTO, CA 94303 UNITED STATES						
TITLE DEVICES FOR MODIFICATION OF AIRWAYS BY TRANSFER OF ENERGY						
			<input type="checkbox"/> All Fees			
			<input type="checkbox"/> 1.16 Fees (Filing)			

FILING FEE RECEIVED 1096	FEES: Authority has been given in Paper	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
	No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> 1.18 Fees (Issue)
	No. _____ for following:	<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit